

Board of Chiropractic Examiners

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**Verification of Prechiropractic Hours**

Name of applicant: _____

Last

First

Middle

Date of Birth: _____

Social Security Number: _____

Pursuant to the Chiropractic Initiative Act section 5, each applicant for licensure must have satisfactorily completed 60 prechiropractic college credits prior to matriculation into the Doctor of Chiropractic Program. These credits must be in accordance with the standards adopted by the Council on Chiropractic Education. Below provide the name(s) of colleges where the 60 prechiropractic units were completed.

List Name(s) of Colleges or Universities Attended (if additional space is needed attach a separate sheet)

| | |
|----|----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |

Specific 48 Credits Required Within the 60 Units (list course title in the space provided below each course. Enter the college where the course was completed by using the number next to the college(s) or universities listed above. Indicate number of credits)

| Course Title | Completed at College (enter number) | Semester credit | Quarter credit |
|--|--|-----------------|----------------|
| English (6 credits) | | | |
| Psychology (3 credits) | | | |
| Social Sciences or Humanities (15 credits) | | | |
| Biological Sciences* (6 credits) | | | |
| Chemistry** General or Inorganic (6 credits) | | | |
| Chemistry** Organic (6 credits) | | | |
| Physics *** with related studies (6 credits) | | | |

* Must include pertinent laboratory experiences in didactic portions of the course(s). **Must include pertinent related laboratory experiences in didactic portions of the course(s). ***Must include one pertinent related laboratory in didactic portions of the course.

Only the President, Dean or Registrar of the college may sign this form. I declare under penalty of perjury under the laws of the State of California that the foregoing is true, correct and complete to the best of my knowledge. (Place imprint of the Chiropractic School Seal anywhere within this area.)

Print Name_____
Signature_____
Date
Est. 3/05